

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3		12						53					
4		1						54					
5		14						55					
6		11						56					
7		10						57					
8		11						58					
9		14						59					
10		11						60					
11		14						61					
12		11						62					
13		10						63					
14		11						64					
15		10						65					
16		1						66					
17	1							67					
18		1						68					
19		12						69					
20		11						70					
21		10						71					
22		11						72					
23		14						73					
24		11						74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2							TOTAL IND.					
TOTAL DEP.	22	2						TOTAL DEP.					
TOTAL CLAIMS	24							TOTAL CLAIMS					